

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90028 047 ***150.00

DOCUMENT # P94000045258

1. Entity Name

CASA DEL DIO, INC.



Principal Place of Business

189 E. SR. 436
FERN PARK FL
US

Mailing Address

189 E. SR 436
FERN PARK FL 32730
US

2. Principal Place of Business

~~P.O. Box 149~~
Suite, Apt. #, etc.

3. Mailing Address

~~P.O. Box 149693~~
Suite, Apt. #, etc.

City & State

City & State
ORLANDO, FL

4. FEI Number

59-3251238

Applied For

Not Applicable

Zip

Country

Zip
32814-9693

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/04)

50032004



6. Name and Address of Current Registered Agent

DELGARDIO, JOHN
1501 FALCON DRIVE
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME DELGARDIO, JOHN
STREET ADDRESS STATE ROAD 436
CITY-ST-ZIP FERN PARK FL

TITLE STD ☐ Delete
NAME DELGARDIO, ELISA
STREET ADDRESS 1501 FALCON DRIVE
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME DELGARDIO, JOHN
STREET ADDRESS 1501 FALCON DR.
CITY-ST-ZIP ORLANDO, FL 32803

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

E. Delgardo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. DELGARDIO 3/1/05

Date

4078346616

Daytime Phone #